



Medicaid Information Bulletin for the Non-Traditional Medicaid Plan



January 2005

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NON-TRADITIONAL MEDICAID PLAN MANUAL ON-LINE

When the NTMP Section is updated, the on-line version will also be updated. Providers can obtain a copy of an updated page, or the entire NTMP Section, by using the web site or by contacting Medicaid Information. When pages are updated, the revision date appears at the top of the page. The change is typically marked in the left margin of the page with a vertical line.

The Medicaid Provider's web site <http://health.utah.gov/medicaid/html/provider.html> has a link to the NTMP Section. The link is a heading in bold print. Or go directly to www.health.state.ut.us/medicaid/ntmp.pdf



05 - 30 PT/OT and Chiropractic: Chapters 2 - 17, Physical Therapy and Occupational Therapy, and 2 - 18, Chiropractic Services

In the past PT/OT and Chiropractic services have been limited to 16 aggregated visits per calendar year. Beginning February 1, 2005, PT/OT services in the Non-Traditional Medicaid program will be allocated 10 total visits per calendar year and Chiropractic services will be allocated 6 total visits per calendar year. ○

World Wide Web: <http://health.utah.gov/medicaid/>

Medicaid Information

- Salt Lake City area, call 538-6155.
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.
- From other states, call 1-801-538-6155.

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Send a Publication Request Form.

- by FAX: 1-801-536-0476
- by mail to: Division Of Health Care Financing
Box 143106, Salt Lake City UT 84114-3106

05 - 31 Non-covered Codes in the NTM program: Chapter 2 - 3, Physician Services

The following codes are non-covered in the NTM program:

44137 Removal of transplanted intestinal allograft, complete

76510 Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed at the same patient encounter

92625 Assessment of tinnitus (includes pitch, loudness, matching, and masking)

HCPCS 2005 Long Description Changes

33930, 43846, 90700

HCPCS 2005 Discontinued Code

92589 Central auditory function test(s)

**05 - 32 Vision Care Services for Non-Traditional Clients: Chapter 2 - 9, Vision Care**

Non-Traditional Medicaid clients have coverage for eye examinations and eye care to identify and treat medical problems such as diabetic retinopathy, glaucoma, cataracts, etc. In addition, eye exams to determine refractions are covered.

Non-Traditional Medicaid clients have a maximum annual benefit of \$31.21 for vision care services. All vision care charges over the annual benefit of \$31.21 will be the responsibility of the patient.

SUMMARY OF VISION CARE BENEFITS

Benefit	Non-Traditional Medicaid Plan (Blue Card)
Vision exams	Eye exams to determine refractions* are covered.
Eyeglasses	Eyeglasses (lenses and frames) are not covered.
Care for medical problems of the eye	Eye exams and eye care to identify and treat medical problems (such as diabetic retinopathy, glaucoma, cataracts, etc.) are covered for all clients.

*prescription for glasses

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